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**Lab Dept:** Chemistry

**Test Name:** DRUGS OF ABUSE SCREEN, URINE

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***General Information***

**Lab Order Codes:** ABUS

**Synonyms:** Urine drug screen

**CPT Codes:** 80307 – Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers

CPT's vary: Confirmations may be added at the request of the provider at an additional charge, see confirmation links below.

**Test Includes:** Major metabolites of drugs of abuse (phencyclidine, benzodiazepines, cocaine metabolite, amphetamines, tetrahydrocannabinol, opiates, barbiturates) in urine.

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***Logistics***

**Test Indications:** Useful for the qualitative determination of the presence of the major metabolites of drugs of abuse in urine.

**Lab Testing Sections:** Chemistry

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 hour or STAT (30 minutes)

**Special Instructions:** Confirmatory testing, for positive screening results requires a separate order. Use Add Order in HIS (Hospital Information System) orders to request the specific confirmatory test.

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***Specimen***

**Specimen Type:** Urine

**Container:** Urine Cup

**Draw Volume:** 10 mL (Pediatric Minimum: 4 mL, Absolute Minimum: 1 mL) urine

**Note:** Collection of the Absolute Minimum volume **does not** permit confirmatory or repeat testing.

**Processed Volume:** Same as Draw Volume

**Collection:** Freshly voided, random urine. No preservative.  
Store at 2-8 degrees C for up to 24 hours or while in transport from remote locations.

**Special Processing:** Lab Staff:  
Store up to 24 hours at 2-8 degrees C.  
  
Freeze remaining sample for up to 7 days if there are no orders or if the screen is positive.

**Patient Preparation:** None

**Sample Rejection:** Unlabeled or mislabeled specimen; adulterated specimen; pH <5 or >8

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***Interpretive***

**Reference Range:**

Negative		
This test differentiates between positive and negative specimens at the designated cut-off concentrations.		
<b>Drug Name:</b>	<b>Cut-off concentration:</b>	<b>Confirmatory Test:</b>
Phencyclidine:	25 ng/mL	<a href="#">PCCON</a>
Benzodiazepines:	200 ng/mL	<a href="#">BECON</a>
Amphetamines:	1000 ng/mL	<a href="#">AMCON</a>
Cocaine (Benzoylecgonine):	300 ng/mL	<a href="#">COCON</a>
Tetrahydrocannabinol:	50 ng/mL	<a href="#">THCON</a>
Opiates (Morphine):	300 ng/mL	<a href="#">OPCON</a>
Barbiturates:	200 ng/mL	<a href="#">BACON</a>

**Critical Values:** Call any positive results

**Limitations:** This test is a qualitative screening test. Confirm positive results by another method, such as GC/HPLC if indicated.

**Methodology:** Syva® Emit II Immunoassay

**References:** Jacobs and DeMott (2001) Laboratory Test Handbook, 5<sup>th</sup> edition, Lexi-Comp, Inc., Hudson, OH, p 788

Siemens Dimension Vista Flex Reagent Cartridge Inserts, Newark, DE, 19714 (See below for individual analyte)

AMPH Flex® reagent cartridge insert sheet PN 781091.001,5/5/15, Rev E

BARB Flex® reagent cartridge insert sheet PN 9D022UL.1205,4/2015, Rev G

BENZ Flex® reagent cartridge insert sheet PN 781097.001,2/24/2015, Rev G

COC Flex® reagent cartridge insert sheet PN 781092.001,3/25/2015, Rev E

OPI Flex® reagent cartridge insert sheet PN 781093.001,3/25/2015, Rev G

PCP Flex® reagent cartridge insert sheet PN 781094.001,3/25/2015, Rev E

THC Flex® reagent cartridge insert sheet PN 781095.0013/25/2015, Rev E

**Updates:** 4/27/2006: TCA (Tricyclic Antidepressants) are no longer part of this assay.  
3/30/2009: Revised volume to include Pediatric Minimum.  
5/11/2010: CPT update, previously reported as 80101.  
2/8/2011: CPT update, quantity changed  
1/3/2012: Test no longer includes TCA.  
1/12/2015: CPT update  
5/18/2015: CPT update  
1/20/2016: CPT update  
2/4/2016: CPT update  
7/22/2016: pH criteria added  
6/9/2017: CPT update.  
9/27/2017: Updated lab processing.  
4/3/2018: Updated specimen processing.